



PATENT

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10/3/03  
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## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application )

No. 09/804,655 )

For: METHOD AND APPARATUS  
FOR DATA RATE CONTROL IN  
A COMMUNICATION SYSTEM

BENDER )

Examiner: KEITH M. GEORGE )

Filed: 03/12/2001 )

) Group No. 2663

RESPONSE TO OFFICE ACTION

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SEP 26 2003

Technology Center 2600

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Commissioner:

In response to the Office Action dated 06/24/2003 please amend the above-identified application as indicated below.

CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8(a))

I hereby certify that this correspondence is, on the date shown below, being:

**MAILING**

- ☒ deposited with the United States Postal Service with sufficient postage as first class mail, in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Depositor's Name: Christine Hughey  
(type or print name)Date: 09/18/2003Signature: Christine Hughey**FACSIMILE**

- ☐ transmitted by facsimile to the Patent and Trademark Office.

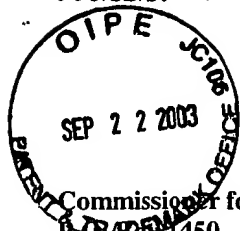
Depositor's Name: \_\_\_\_\_  
(type or print name)

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

09/25/2003 SSITHIB1 00000115 170026 09804655

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Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

## AMENDMENT TRANSMITTAL FORM

Attorney Docket No.: 000422  
Customer No. 23696  
In Re Application of: BENDER  
Serial Number: 09/804,655  
Filed: 03/12/2001  
Examiner: GEORGE, KEITH M.  
Group Art Unit: 2663

Dear Sir:

Transmitted herewith for filing is a Response to Office Action in the above identified application.

In addition, the following documents are enclosed:

1. ☐ A Petition for Extension of Time: ( ) month(s) is hereby requested.
2. ☐ Information Disclosure Statement (IDS):
  - a. ☐ PTO-1449
  - b. ☐ Copies of IDS Citations (number of citations: )
3. ☐ Change of Attorney's Address in Application.
4. ☐ Other:

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| CLAIMS   | (a) Number<br>Remaining After<br>Amendment | (b) Highest<br>Number<br>Previously Paid<br>For | (c)<br>Extra<br>Claims                                | Large Entity Fee | Fee Paid |
|--|--|---|---|------------------|----------|
| Total*   | 18   | 15  | 0   | x \$18 =         | \$0.00   |
| Independent**  | 4  | 3   | 1   | x \$84 =         | \$84.00  |
| Multiple Dependent Claim(s): <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |   |   | \$280            | \$0.00   |
| EXTENSION FEES   |  |   | <input type="checkbox"/> One Month                    | \$110            | \$0.00   |
|  |  |   | <input type="checkbox"/> Two Months                   | \$410            | \$0.00   |
|  |  |   | <input type="checkbox"/> Three Months                 | \$930            | \$0.00   |
| INFORMATION DISCLOSURE<br>STATEMENT  |  |   | <input type="checkbox"/> After First<br>Office Action | \$180            | \$0.00   |
|  |  |   | <input type="checkbox"/> After Final<br>Office Action | \$130            | \$0.00   |
| TERMINAL DISCLAIMER  |  |   |   | \$110            | \$0.00   |
|  |  |   |   | TOTAL FEE        | \$84.00  |

\*If the number in column a is less than 20, enter 0 in column c.

\*\*If the number in column a is less than 3, enter 0 in column c.

5. ☐ Fee check in the amount of \$\_\_\_\_\_ is enclosed to pay for any claim and/or extension fees.
6. ☒ Please charge Deposit Account No. 17-0026 of QUALCOMM Incorporated the amount of \$84.00.  
The Commissioner is hereby authorized to charge payment of any additional fees which may be required, or credit any overpayment to said Deposit Account No. 17-0026. A duplicate of this sheet is enclosed for fee processing.
7. ☒ The Commissioner is further hereby authorized to charge to said Deposit Account No. 17-0026, pursuant to 37 CFR 1.25(b), any fee whatsoever which may become properly due or payable, as set forth in 37 CFR 1.16 to 37 CFR 1.18 inclusive, for the entire pendency of this application without specific additional authorization.

Date: 09/18/2003

QUALCOMM Incorporated  
Attn: Patent Department  
5775 Morehouse Drive  
San Diego, California 92121-1714  
Telephone: (858) 651-4125  
Facsimile: (858) 658-2502

Signature:

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